

State of Colorado

CHECKLIST FOR GROUP LONG TERM CARE INSURANCE FORMS

Updated March 1, 2010

This checklist applies to Group Long Term Care policies, rates and supplementary rating. Group long term policy forms are required to be certified pursuant to Colorado law. Long Term Care Partnership forms must be submitted for review. Long Term Care Advertising is file and use.

This checklist is not considered all inclusive and only functions as a guide. For a complete understanding of the filing requirements and instructions, please refer to the applicable laws and regulations.

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Colorado State Specific Filing Codes

State Specific Codes are not required for all filings. However, these codes must be used, if applicable, to get to the level of benefits being presented in the filing.

STATE CODE	NARRATIVE	FILING TYPE
410	Withdrawal from CO Market	
411	Withdraw a specific filing or product	
412	Withdraw from a specific line of business	
616	Multi State Association	
646	LTC Rescission	
650	Mandate Exception	
652	LTC Replacement/Lapse Report – LTC06	Annual – due June 30
653	LTC Rescission Report – LTC06	Annual – due June 30
654	LTC Claims Denial Report – LTC06	Annual – due June 30
655	LTC Suitability Report – LTC06	Annual – due June 30
656	LTC Partnership Program	
700	Large Group	
701	Small Group	
740	Assessment Fee	
750	Reasonable Modifications	Letter or Form
760	Prior Approval – HB-08-1389	
805	Name Change	
849	Annual Forms Certification – H21, HMOs Use: HOrg03.000	Annual
871	Large Deductible	
888	Confidential	

Colorado Quick Reference Guide for Uniform Long Term Care Coding Matrix

LTC02G Group Long Term Care – Home Health Care Only		
	LTC02G.001 Qualified	
	LTC02G.002 Non Qualified	
	LTC02G.003 Other	
LTC03G Group Long Term Care		
	LTC03G.001 Qualified	
	LTC03G.002 Non Qualified	
	LTC03G.003 Other	
	LTC03G.004 Partnership	
LTC04G Group Long Term Care – Nursing Home		
	LTC04G.001 Qualified	
	LTC04G.002 Non Qualified	
	LTC04G.003 Other	
LTC05G Group Long Term Care – Nursing Home & Home Health Care		
	LTC05G.001 Qualified	
	LTC05G.002 Non Qualified	
	LTC05G.003 Other	
LTC05.1G Group Assisted Living Care		
	LTC05.1G.001 Qualified	
	LTC05.1G.002 Non Qualified	
	LTC05.1G.003 Other	
LTC05.2G Group Adult Day Care		
	LTC05.2G.001 Qualified	
	LTC05.2G.002 Non Qualified	
	LTC05.2G.003 Other	
LTC06 Long Term Care – Other	LTC06.000 Long Term Care – Other	652 LTC Replacement/Lapse Report
LTC06 Long Term Care – Other	LTC06.000 Long Term Care – Other	653 LTC Rescission Report
LTC06 Long Term Care – Other	LTC06.000 Long Term Care – Other	654 LTC Claims Denial Report
LTC06 Long Term Care – Other	LTC06.000 Long Term Care – Other	655 LTC Suitability Report

STATE OF COLORADO

COMPANY CHECKLIST FOR GROUP LONG-TERM CARE INSURANCE FORMS

REQUIRED	INFORMATION	STATUTORY/ REGULATION/ INFORMATION CITE
Submission Requirements		
Rates, Advertising, Annual Reports and Forms are to be submitted electronically	<ul style="list-style-type: none"> All policy forms, annual reports, rates and advertising are to be submitted through SERFF Policy forms certified for all long term care products, except advertising and partnership long term care forms The Division requires all advertising forms to be filed. All partnership forms must be provided for review, to be certified as partnership qualified (approved). 	§§ 10-16-107 & 10-16-107.1, C.R.S Colorado Bulletins B-1.19 & B-4.18
Must have proper lines of authority to conduct this line of business	<ul style="list-style-type: none"> To write long-term care insurance in Colorado, companies must be licensed to write: Must have Health Line of Authority 	§ 10-3-102, C.R.S
General Requirements For All Filings		
Entire Contract	<ul style="list-style-type: none"> The policy, including the application and any amendments and riders, constitutes the entire contract of insurance and no change is valid unless approved by an executive officer of the company and unless such approval be endorsed hereon or attached hereto. 	§ 10-16-214 (3)(IV), C.R.S.
Time Limit on Certain Defenses	<ul style="list-style-type: none"> A policy is incontestable two years from the date of issue except for knowingly and intentionally making misstatements made by the applicant on the application. 	§ 10-19-113.3, C.R.S
Notice of Claim	<ul style="list-style-type: none"> Written notice of claim should be submitted to the company within 20 days of the occurrence or commencement of any loss. 	§ 10-16-214 (3)(a)(VIII), C.R.S

REQUIRED	INFORMATION	STATUTORY/ REGULATION/ INFORMATION CITE
Legal Action	<ul style="list-style-type: none"> No such action shall be brought after 3 years from the date of due proof of loss is required to be furnished. 	§ 10-16-214(3)(a)(XIV), C.R.S.
Application	<ul style="list-style-type: none"> Application attached to policy is considered representations and not warranties 	§ 10-16-214 (3)(a)(III), C.R.S.
Claim Forms	<ul style="list-style-type: none"> The company shall furnish those forms needed to submit proofs of loss within 15 days. 	§ 10-16-214 (3)(a)(IX), C.R.S.
Timely Payment of Claims	<ul style="list-style-type: none"> Claims must be paid within 30 days following receipt of written due proof of loss. 	§ 10-16-106.5, C.R.S.
Grace Period	<ul style="list-style-type: none"> A grace period of not less than 31 days for all other policies is required. 	§ 10-16-214 (3)(A)(I), C.R.S.
Extension of Benefits	<ul style="list-style-type: none"> Extension of benefits must be provided up to the duration of the benefit period, if any, or to payment of the maximum benefits. 	Colorado Regulation 4-4-1, Section 6C
Free Look	<ul style="list-style-type: none"> An individual policyholder will have the right to return the policy with full refund of premium within 30 days of its delivery. 	§ 10-19-111, C.R.S.
Physical examinations and autopsy	<ul style="list-style-type: none"> Insurers, at their own expense, have the right and opportunity to examine the insured when, and as reasonably often as required, during a claim's pending period. It may also conduct an autopsy in the case of death when law does not forbid it. 	§§ 10-16-202 (11) & 10-16-214(3)(a)(XIII) , C.R.S.
Reinstatement	<ul style="list-style-type: none"> A policy may be reinstated with or without an application as provided. If cognitive impairment can reinstate within 5 months. 	§ 10-16-202(5), Colorado Regulation 4-4-1, 7B (5 months cognitive impairment)

REQUIRED	INFORMATION	STATUTORY/ REGULATION/ INFORMATION CITE
Policy Forms		
Limitations: Cancellation/Non-renewal	<ul style="list-style-type: none"> • A policy may not be non-renewed or terminated due to age or the deterioration of the mental or physical health of the insured. • A policy may not contain a provision establishing a new waiting period in the event existing coverage is converted or replaced by a new or other form unless the insured individual or policyholder voluntarily chooses an increase in benefits. • A policy may not provide coverage for skilled nursing care only, or contain a provision providing significantly more coverage for skilled care in a facility than for coverage at lower levels of care. 	§ 10-19-107(1)(a), C.R.S.
No Prior Hospitalization	<ul style="list-style-type: none"> • No policy may require a prior hospitalization confinement as a condition for eligibility for benefits, nor require a higher level of institutional care as a condition for eligibility for benefits in another institutional care setting. This provision is also applicable to home health care. 	§ 10-19-109, C.R.S.
Standards for Benefit Triggers	<ul style="list-style-type: none"> • A traditional long-term care policy must condition the payment of benefits based on a determination of the insured's ability to perform activities of daily living and on cognitive impairment. 	Colorado Regulation 4-4-1, Section 30 & Section 5
Standards for Benefit Triggers for Qualified Long-term Care	<ul style="list-style-type: none"> • A qualified long-term care policy shall only pay for services received by a chronically ill insured provided according to a plan of care prescribed by a licensed health care practitioner. The policy must base payment of benefits on a determination of the insured's inability to perform activities of daily living for an expected period of at least 90 days due to loss of functional capacity or to severe cognitive impairment. 	Colorado Regulation 4-4-1, Section 31

REQUIRED	INFORMATION	STATUTORY/ REGULATION/ INFORMATION CITE
Requirement to Offer Nonforfeiture Benefit	<ul style="list-style-type: none"> • An insurer may not issue a policy unless it includes a written offer to include nonforfeiture benefits to the defaulting policyholder or certificate holder. • Effective 1-1-2009, must have a contingent non forfeiture benefit, if no forfeiture benefit declined • This section does not apply to life insurance policies or riders containing accelerated traditional long-term care benefits. 	<p>§ 10-19-113.4, C.R.S.</p> <p>Colorado Regulation 4-4-1, Section 29</p>
Tax Qualified Disclosure	<ul style="list-style-type: none"> • There must be a disclosure statement in the policy regarding whether the policy is, or is not, intended to be a qualified long-term care insurance contract. 	<p>Colorado Regulation 4-4-1, Section 8 F</p>
Policy Summary for Individual Life Insurance with Long Term Care Benefits Rider	<ul style="list-style-type: none"> • There must be a disclosure for an accelerated life product policy. It must include an explanation of how the long-term care benefit interacts with other components of the policy, as well as an illustration regarding benefits. Additional details are provided. • The disclosure must appear on the policy summary and outline of coverage. 	<p>Colorado Regulation 4-4-1, 8 J</p>
Alzheimer's/Dementia	<ul style="list-style-type: none"> • This section provides guidelines for what may not be limited or excluded in traditional long-term care policies that provide home health and community care benefits. Benefits half the facility charges. 	<p>§ 10-19-107(1)(d), C.R.S.</p>
Minimum Standards for Home Health and Community Care Benefits	<ul style="list-style-type: none"> • This section provides guidelines for what may not be limited or excluded in traditional long-term care policies that provide home health and community care benefits. Benefits half the facility charges. 	<p>Colorado Regulation 4-4-1, Section 12</p>

REQUIRED	INFORMATION	STATUTORY/ REGULATION/ INFORMATION CITE
Law Provisions		
Definitions and Policy Definitions	<ul style="list-style-type: none"> Insurers may refer to these sections for appropriate definitions germane to the long-term care regulation. 	Colorado Regulation 4-4-1, Section 4 & 5
Renewability	<ul style="list-style-type: none"> The terms "guaranteed renewable" and "noncancellable" shall not be used in any group and individual direct response or individual traditional long-term care policy or certificate without explanatory language. Individual policies must contain a renewability provision on the first page of the policy and must state that the policy is guaranteed renewable or noncancellable. 	Colorado Regulation 4-4-1, Section 6A
Pre-Existing Conditions	<ul style="list-style-type: none"> No policy issued on other than a group basis may use a definition of "pre-existing condition" which is more restrictive than: Preexisting condition means the existence of symptoms which would cause an ordinarily prudent person to seek diagnosis, care or treatment, or a condition for which medical advice or treatment was recommended by, or received from a provider of health care services, within 6 months preceding the effective date of coverage for an insured person. The provision must appear as a separate paragraph in the policy or certificate and be captioned as "Preexisting Condition Limitations". 	§ 10-19-108, C.R.S.

REQUIRED	INFORMATION	STATUTORY/ REGULATION/ INFORMATION CITE
Certificate	<ul style="list-style-type: none"> A certificate issued pursuant to a group long-term care insurance policy that is delivered or issued for delivery in this state shall include: <ol style="list-style-type: none"> A description of the principal benefits and coverage provided in the policy; A statement of the principal exclusions, reductions and limitations contained in the policy; A statement that the group master policy determines contractual provisions; A statement of the terms under which the policy or certificate, or both, may be continued in force or discontinued, including any reservation in the policy of a right to change premium. Continuation or conversion provisions of the group coverage shall be specifically described. 	<p><u>§ 10-19-112(3), C.R.S.</u> <u>Colorado Regulation 4-4-1, Section 8M</u></p>
Pre-Existing Condition Prohibition in Replacement Policies/Certificates	<ul style="list-style-type: none"> If an insurer replaces a traditional long-term care policy or certificate with one of its own, it must waive any time periods for similar benefits applicable to pre-existing conditions and probationary periods in the new policy. 	<p><u>Colorado Regulation 4-4-1, Section 23</u></p>
Allowable Exclusions	<ul style="list-style-type: none"> No policy may be delivered or issued for delivery as traditional long-term care coverage in Illinois unless it adheres to the list of limitations and exclusions of this subsection. 	<p><u>Colorado Regulation 4-4-1, Section 6B</u></p>
Required Disclosure of Rating Practices to Consumers	<ul style="list-style-type: none"> These disclosure requirements apply to any traditional long-term insurance policy issued on or after January 1, 2008. An insurer must provide at least 45 days notice to all policyholders or certificate holders prior to implementing a premium rate increase. 	<p><u>Colorado Regulation 4-4-1, Section 9</u></p>
Benefit Reduction or Elimination	<ul style="list-style-type: none"> Any riders or endorsements added to an individual traditional long-term care policy after the date of issue that reduce or eliminate benefits or coverage require signed acceptance by the insured. 	<p><u>Colorado Regulation 1-1-6</u></p>

REQUIRED	INFORMATION	STATUTORY/ REGULATION/ INFORMATION CITE
Use of Terms "Usual and Customary" or "Reasonable and Customary"	<ul style="list-style-type: none"> Terms such as "usual and customary" or "reasonable and customary" must be defined in the policy. 	Colorado Regulation 4-4-1, Section 8C
Premium Rate Increases	<ul style="list-style-type: none"> An insurer must provide notice of a pending premium rate increase to the Department at least 30 days prior to the notice to the policyholder and must include the information required. These requirements apply to any traditional long-term insurance policy issued on or after January 1, 2007. For a group traditional long-term policy issued on or after Jan 1, 2007, which was in force prior to that date, these requirements are applicable on the next policy anniversary following January 1, 2007. 	Colorado Regulation 4-4-1, Section 9 E, Appendix B
Inflation Protection	<ul style="list-style-type: none"> The insurer must offer, at the time of purchase, an inflation protection feature as described. Any rejection of the offer must be received in writing and signed by the policyholder. 	§ 10-19-113, C.R.S.
Disclosure for Accelerated Life Insurance	<ul style="list-style-type: none"> Any individual life insurance policy that contains a rider for traditional long-term care benefits must include a policy summary that details how the traditional long-term care benefit interacts with other components of the policy, including deductions from the death benefit. The disclosure must also list any tax consequences. This requirement does not apply to qualified long-term care contracts. 	Colorado Regulation 4-4-1, Section 8J
Deterioration of Physical or Mental Health	<ul style="list-style-type: none"> No traditional long-term care policy may be cancelled, nonrenewed or otherwise terminated on the grounds of the age or the deterioration of the mental or physical health of the insured individual or certificate holder. 	§ 10-19-107(1)(a), C.R.S.
Unintentional Lapse	<ul style="list-style-type: none"> No individual long-term care policy shall be issued until the insurer receives from the applicant a written designation of at least one other individual who is to receive notice of termination of the policy for nonpayment of premium. A written waiver of this provision is permissible. Reinstatement is required if proof of cognitive impairment or loss of functional capacity is provided. 	Colorado Regulation 4-4-1, Section 7

REQUIRED	INFORMATION	STATUTORY/ REGULATION/ INFORMATION CITE
Advertising Filing Requirements	<ul style="list-style-type: none"> An insurer shall maintain at its home or principal office a complete file containing every printed, published or prepared advertisement of its individual policies and typical printed, published or prepared advertisements of its blanket, franchise and group policies. The Department <u>does not require</u> advertisements be filed for information or approval. 	Colorado Regulation 4-4-1, Section 20
Standards for Marketing	<ul style="list-style-type: none"> Each outline of coverage for a traditional long-term care policy must contain by type or stamp on the first page: "NOTICE TO BUYER: THIS POLICY MAY NOT COVER ALL THE COSTS ASSOCIATED WITH LONG-TERM CARE INCURRED BY THE BUYER DURING THE PERIOD OF COVERAGE. THE BUYER IS ADVISED TO REVIEW CAREFULLY ALL POLICY LIMITATIONS." Insurers are encouraged to carefully review all the requirements of this section. 	Colorado Regulation 4-4-1, Section 21
Suitability	<ul style="list-style-type: none"> This section requires insurers of traditional long-term care policies to develop and use suitable standards for determining whether the purchase or replacement of coverage is appropriate. It does not apply to life insurance policies that accelerate benefits for traditional long-term care. This section also provides additional details regarding the personal worksheet. 	Colorado Regulation 4-4-1, Section 22

REQUIRED	INFORMATION	STATUTORY/ REGULATION/ INFORMATION CITE
General Information		
Discretionary Authority	<ul style="list-style-type: none"> Insurers are not permitted to place discretionary authority language in contracts of accident and health. 	§ 10-16-1116, C.R.S.
HIV/AIDS Questions on Application	<ul style="list-style-type: none"> Questions designed to elicit information regarding AIDS, ARC and HIV must be specifically related to the testing, diagnosis or treatment done by a physician or an appropriately licensed clinical professional acting within the scope of his/her license. 	§ 10-3-1104.5, C.R.S. Colorado Regulation 4-2-9
Requirements for Application Forms and Replacement Coverage	<ul style="list-style-type: none"> This section provides insurers with required questions to ask on the application regarding replacement of existing coverage. 	Colorado Regulation 4-4-1, Section 13
Post Claims Underwriting	<ul style="list-style-type: none"> If the application contains a question asking whether a physician has prescribed medication(s) it must also ask the applicant to list the medications. If the medications were known to the insurer or were included in the insurer's underwriting standards at the time of the application, and are directly related to a condition for which coverage would otherwise have been denied, the policy may not be rescinded for that condition. 	Colorado Regulation 4-4-1, Section 11
Delivery of Policy	<ul style="list-style-type: none"> The policy or certificate must be delivered no later than 30 days after the date of approval. 	Colorado Regulation 4-4-1, Section 8N

REQUIRED	INFORMATION	STATUTORY/ REGULATION/ INFORMATION CITE
Outline of Coverage (and format)	<ul style="list-style-type: none"> • An outline of coverage must be delivered to a prospective applicant at the time of the initial solicitation. It must be a "free-standing document", using no smaller than ten point type. • Outline shall contain the following: <ol style="list-style-type: none"> 1. Description of the principal benefits and coverage in the policy. 2. A statement of the principal exclusions, reductions and limitations contained in the policy; 3. A statement of the term under which the policy or certificate, or both, may be continued in force or discontinued, including an reservation of the policy to change premiums. Also, continuation/conversion privileges 4. A statement that the outline of coverage is a summary only, not a contract of insurance, and the policy or group master policy contains the governing contractual provisions; 5. A description of the terms under which the policy or certificate may be returned and premium refunded; 6. A brief description of the cost of care and benefits; 7. A statement that discloses to the policyholder or certificate holder whether the policy is intended to be a federally tax-qualified insurance contract under 26 U.S.C. sec. 7702B (b) of the federal "Internal Revenue Code of 1986", as amended. 	<p style="text-align: center;"> § 10-19-112(2), C.R.S. Colorado Regulation 4-4-1, Section 24, and Appendix J </p>
Claim Denial/Explanation	<p>If a claim is denied and the insured provides a written inquiry, the insurer is required to respond within 60 days and provide the reasons for the denial as well as make available all information directly related to it.</p>	<p style="text-align: center;"> Colorado Regulation 4-4-1, Section 8L </p>

REQUIRED	INFORMATION	STATUTORY/ REGULATION/ INFORMATION CITE
Use of SSN on ID Cards	<ul style="list-style-type: none"> • Colorado law prevents a person from: • Publicly posting or displaying an individual's SSN; • Printing an individual's SSN on any card required for the individual to access products or services, however, an entity providing an insurance card must print on the card a unique identification number. • Being required to transmit an SSN over the Internet to access a web site unless the connection is secure or the SSN is encrypted; • Requiring the individual to use his/her SSN to access a web site unless a PIN number or other authentication device is also used; and, • Printing an individual's SSN on any materials mailed to an individual unless required by state or federal law. • Insurers are required to comply with both provisions 	§ 6-17-715, C.R.S.
Right to Reduce Coverage and Lower Premium	<ul style="list-style-type: none"> • Every policy and certificate shall include a provision that allows the policyholder or certificateholder to reduce coverage and lower premiums. 	Colorado Regulation 4-4-1, Section 28

REQUIRED	INFORMATION	STATUTORY/ REGULATION/ INFORMATION CITE
Long Term Care Partnership		
Guidance of Implementation of Long Term Care Partnership	<ul style="list-style-type: none"> Provides the guidance on the implementation of Colorado's Long Term Care Partnership Program (inflation protection, asset protection, exchanges, etc.) 	Colorado Regulation 4-4-4
Notice Requirement Regarding Long Term Care Partnership Status	<ul style="list-style-type: none"> Provides guidance and sample of the required notice for Colorado Long-Term Care Partnership Program 	Colorado Regulation 4-4-4
Review Process for Long Term Care Partnership Program	<ul style="list-style-type: none"> Provides guidance regarding the submission of Colorado Long-Term Care Partnership Program (CLTCPP). Basic checklist – derived from DRA. Insurers will need to be in compliance with Colorado Revised Statute 10-19-101 etal and Colorado Regulation 4-4-1. Need to provide all the forms: i.e. application, Long-Term Care insurance Potential Rate Increase Potential Rate Increase Disclosure Form, Outline of Coverage, Policy summary, Long-Term care Personal Worksheet, Things You Should Know Before You Buy Long-Term Care Insurance disclosure, any riders/endorsements and Colorado Long-Term Care Partnership Notice. Policy must provide the required inflation protection: Under age 61, an insured must have either: a 5% annual compounded interest or CPI computed annually. Between the ages of 61 to 75, an insured must have one of the following: 3% compounded annually, 5% simple interest, CPI computed annually or 5% compounded 2X maximum (5% compounded until the daily benefit is doubled). Over age 75, inflation protection is optional. 	Colorado Regulation 4-4-4

REQUIRED	INFORMATION	STATUTORY/ REGULATION/ INFORMATION CITE
Annual Reports		
Lapse Report	<ul style="list-style-type: none"> By June 30, report the ten percent (10%) of its agents with the greatest percentage of lapses and replacements 	Colorado Regulation 4-4-1, Section 14, Appendix B, D, E and G
Claims Denial Report	<ul style="list-style-type: none"> By June 30, report the number of claims denied for each class of business, expressed as a percentage of claims denied 	Colorado Regulation 4-4-1 Section 14F, Appendix E
Association Annual Certification	<ul style="list-style-type: none"> Annually. Insurer shall certify annually that the association has complied with the requirements set form in Section 21, C8. 	Colorado Regulation 4-4-1, Section 21, C8
Suitability Report	<ul style="list-style-type: none"> Annually. Report annually the total number of applications received from residents of this state, the number of those who declined to provide information on the personal worksheet, the number of applicants who did not meet the suitability standards, and the number of those who chose to confirm after receiving a suitability letter. 	Colorado Regulation 4-4-1, Section 22H
Rescission Report	<ul style="list-style-type: none"> Annually. Every insurer or entity selling or issuing LTC benefits shall maintain a record of all policy or certificate rescissions, both state and countrywide – provide to the DOI. 	Colorado Regulation 4-4-1, Section 11E and Appendix B